



JFW

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	10/676,843
Filing Date	October 1, 2003
First Named Inventor	Chidambaram Raghavan
Art Unit	3746
Examiner Name	Timothy S. Thorpe
Attorney Docket No.	340058.556

ENCLOSURES (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Request for Corrected Filing Receipt | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Amendment/Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Information Disclosure Statement and Transmittal | <input type="checkbox"/> Declaration | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Cited References | <input type="checkbox"/> Statement under 37 CFR 3.73(b) | <input checked="" type="checkbox"/> Return Receipt Postcard |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<u>Supplemental Application Data Sheet</u> |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Request for Refund | <hr/> <hr/> <hr/> |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> CD, Number of CD(s)
<input type="checkbox"/> Landscape Table on CD | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number
Signature		
Printed Name	Lorraine Linford	
Date	October 10, 2005	Reg. No. 35,939

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature		
Typed or printed name	Andrea Dolder	Date: October 10, 2005



SUPPLEMENTAL APPLICATION DATA SHEET

Application Information

Application number:: 10/676,843
Filing Date:: 10/01/03
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)?:: No
Number of copies of CRF::
Title :: DEVICE AND METHOD FOR MAINTAINING A STATIC SEAL OF A HIGH PRESSURE PUMP
Attorney Docket Number:: 340058.556
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 11
Small Entity?:: No
Petition included?:: No
Petition Type::
Licensed U.S. Gov't Agency::
Contract or Grant No::
Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Chidambaram
Middle Name::
Family Name:: Raghavan
Name Suffix::
City of Residence:: KentSeattle
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 20813 126th Avenue S.E. 2108 Alki Avenue
S.W., Apt. 107
City of mailing address:: KentSeattle
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 9803198116

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kraig
Middle Name:: T.
Family Name:: Kostohris
Name Suffix::
City of Residence:: Maple Valley
State or Province of Residence:: WA
Country of Residence:: US

Street of mailing address:: 27408 227th Avenue S.E.
City of mailing address:: Maple Valley
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98038

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Katherine
Middle Name:: M.
Family Name:: Madden
Name Suffix::
City of Residence:: Kent
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 23633 112th Avenue S.E. #D101
City of mailing address:: Kent
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98031

Fourth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Shawn
Middle Name:: M.

Family Name:: Callahan
Name Suffix::
City of Residence:: Seattle
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 3508 N.E. 137th Street
City of mailing address:: Seattle
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98125

Fifth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Sigurd
Middle Name:: C.
Family Name:: Mordre
Name Suffix::
City of Residence:: Vashon Island
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 27327 Hake Road S.W.
City of mailing address:: Vashon Island
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98070

Sixth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mohamed
Middle Name:: A.
Family Name:: Hashish
Name Suffix::
City of Residence:: Bellevue
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 5117 165th Place S.E.
City of mailing address:: Bellevue
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98006

Seventh Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Olivier
Middle Name:: L.
Family Name:: Tremoulet
Name Suffix:: Jr.
City of Residence:: Edmonds
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 18334 Andover Street

City of mailing address:: Edmonds
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98020

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

Representative Customer Number::		00500
----------------------------------	--	--------------

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Flow International Corporation
Street of mailing address::	23500 64th Avenue South
City of mailing address::	Kent
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98032

699891_1.DOC